

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ **Do not enter social security numbers on this form as it may be made public.**
 ▶ **Information about Form 990-EZ and its instructions is at www.irs.gov/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 01-01-2017, and ending 12-31-2017

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 WESTERN REGIONAL CHAPTER-ALCA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 1808 TICE VALLEY BLVD

City or town, state or province, country, and ZIP or foreign postal code
 WALNUT CREEK, CA 94595

D Employer identification number
 33-0570349

E Telephone number
 (925) 818-9663

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ WESTERNCGM.ORG

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(6) (insert no) 4947(a)(1) or 527

K Form of organization Corporation Trust Association Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 48,711

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I.

| Revenue | | Expenses | | Net Assets | |
|-----------|--|-----------|---|------------|--|
| 1 | Contributions, gifts, grants, and similar amounts received | 10 | Grants and similar amounts paid (list in Schedule O) | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) |
| 2 | Program service revenue including government fees and contracts | 11 | Benefits paid to or for members | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) |
| 3 | Membership dues and assessments | 12 | Salaries, other compensation, and employee benefits | 20 | Other changes in net assets or fund balances (explain in Schedule O) |
| 4 | Investment income | 13 | Professional fees and other payments to independent contractors | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 |
| 5a | Gross amount from sale of assets other than inventory | 14 | Occupancy, rent, utilities, and maintenance | | |
| 5b | Less cost or other basis and sales expenses | 15 | Printing, publications, postage, and shipping | | |
| 5c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 16 | Other expenses (describe in Schedule O) | | |
| 6 | Gaming and fundraising events | 17 | Total expenses. Add lines 10 through 16 | | |
| 6a | Gross income from gaming (attach Schedule G if greater than \$15,000) | | | | |
| 6b | Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | | | | |
| 6c | Less direct expenses from gaming and fundraising events | | | | |
| 6d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | |
| 7a | Gross sales of inventory, less returns and allowances | | | | |
| 7b | Less cost of goods sold | | | | |
| 7c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | | | | |
| 8 | Other revenue (describe in Schedule O) | | | | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

| | | | |
|--|-----------|-----|----|
| | | Yes | No |
| 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | | |

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

| | | | |
|--|------------|-----|----|
| | | Yes | No |
| 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b If "Yes," was the related organization a section 527 organization? | 49b | | |

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|-------------------------------------|--|---|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

| (a) Name and business address of each independent contractor | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

| | |
|--|--------------------|
| Sign Here ▶ ***** Signature of officer | 2018-11-05 Date |
| ▶ VINCE BRIM TREASURER Type or print name and title | |

| | | | | | |
|-------------------------------|---|----------------------|--------------------|--|-------------------|
| Paid Preparer Use Only | Print/Type preparer's name CONSTANCE L KNOX EA | Preparer's signature | Date 2018-12-07 | Check <input checked="" type="checkbox"/> if self-employed | PTIN P00420071 |
| | Firm's name ▶ CONSTANCE L KNOX EA | | | Firm's EIN ▶ | |
| | Firm's address ▶ 2325 MORRO RD FALLBROOK, CA 920284410 | | | Phone no (760) 723-4999 | |

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID:

Software Version:

EIN: 33-0570349

Name: WESTERN REGIONAL CHAPTER-ALCA

Form 990EZ, Part III - Statement of Program Service Accomplishments

| Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. | Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.) | |
|---|--|--|
| 28 SEE SCHEDULE O (Grants \$) | 28a | |
| If this amount includes foreign grants, check here . . . <input type="checkbox"/> | | |

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

WESTERN REGIONAL CHAPTER-ALCA

Employer identification number

33-0570349

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|------------------|--|
| Pt III, Line 31 | THE ORGANIZATIONS PRIMARY EXEMPT PURPOSE IS THE DEVELOPMENT,ADVANCEMENT ND PROMOTTION OF H UMANE AND DIGNIFIED SOCIAL, PSYCHOLOGICAL AND HEALTH CARE FOR THE ELDERLY AND THERI FAMILI ES THROUGH ASSESSMENT, COUNSELING, TREATMENT AND THE DELIVERY OF CONCRETE SERVICES BY QUAL IFIED PROVIDERS THE WESTERN REGIONAL CHAPTER OF THE NATIONAL ASSOCIATION OF PROFESSIONAL GERIATRIC CARE MANAGERS IS COMMITTED TO ASSURING THE HIGHEST QUALITY OF CARE FOR THE ELDER LY AND THEIR FAILIES THROUGH COUNSELING, EDUCATION, ADVOCACY AND STANDARDS OF PRIVATE PRAC TICE |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------|---|
| Other | PART 111, LINE 28 - THE ORGANIZATION HOLDS AN ANNUAL CONFERENCE TO TRAIN MEMBERS IN THE SKILLS NEEDED TO PROVIDE THE HIGHEST QUALITY CARE FOR THE ELDERLY AND THEIR FAMILIES THROUGH COUNSELING, EDUCATION, ADVOCACY AND STANDARDS OF PRIVATE PRACTICE IN ADDITION, THE CHAPTER MAINTAINS AN INFORMATIVE WEBSITE, HLDS LOCAL CLUSTER MEETINGS, AND PROVIDES PUBLIC POLICY UPDATES |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|-----------------|
| Form 990EZ, Part I, Line 8 | Sponsorship 533 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-------------------------------|----------------------------------|
| Form 990EZ, Part I, Line 8 | Refund state corporate taxes 150 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|------------------------------------|
| Form 990EZ, Part I, Line 16 | Conference Food and Beverage 33030 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|----------------------------------|
| Form 990EZ, Part I, Line 16 | Confrence Speaker/Education 4645 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-----------------------------|
| Form 990EZ, Part I, Line 16 | Conference Management 35579 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|------------------------------------|
| Form 990EZ, Part I, Line 16 | Conference Costs and Supplies 2532 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---------------------------------------|
| Form 990EZ, Part I, Line 16 | Conference Printing & Publishing 7340 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|------------------------------------|
| Form 990EZ, Part I, Line 16 | Conference Awards & Reconition 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-----------------------------|
| Form 990EZ, Part I, Line 16 | Conference Staff Travel 887 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---------------------------------------|
| Form 990EZ, Part I, Line 16 | Conferance-National Registration 1868 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| Form 990EZ, Part I, Line 16 | Conference - Telephone conference calls 261 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-----------------------------|
| Form 990EZ, Part I, Line 16 | Administrative-Webinars 100 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---|
| Form 990EZ, Part I, Line 16 | Adminstrative - National Conference 542 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--------------------------------|
| Form 990EZ, Part I, Line 16 | Administrative - New Units 422 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990EZ, Part I, Line 16 | Adminstrative - Board Meeting Expense 1185 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|--|
| Form 990EZ, Part I, Line 16 | Administrative - Office and computer Expense 540 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|----------------------------------|
| Form 990EZ, Part I, Line 16 | Administrative - Charitable 2385 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-----------------------------------|
| Form 990EZ, Part I, Line 16 | Administrative - Scholarships 650 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|-------------------------|
| Form 990EZ, Part I, Line 16 | Administrative - FTB 10 |

990 Schedule O, Supplemental Information

| Return Reference | Explanation |
|-----------------------------------|---------------------------------------|
| Form 990EZ, Part I, Line 16 | Administrative - Website Expense 1991 |